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Testimony before the Human Services Committee
In support of SB 251
An Act Concerning Programs Administered by the Department of Social Services
By Nancy Boone, Project Coordinator
March 4, 2014

I am Nancy Boone, coordinator of the Connecticut Alliance for Basic Human Needs, a statewide advocacy and resource network that addresses issues of importance to low-income residents of Connecticut and brings the voices of low-income people affected by public policy into the public discussion.

I am here to support SB 251, An Act Concerning Programs Administered by the Department of Social Services, which requires the Department to accept documents submitted in whatever way is most convenient for clients and applicants, and requires DSS to date stamp all documents received on the face of the document, and to record that date in the users Connect account which makes the date visible online.

Although I support this bill, it is only a band aid, not a solution. The solution is for DSS to timely process applications and redeterminations for the benefits that the people of Connecticut depend on for life saving medical care, life giving food, and other vital services. I am here today to speak for the dozens of individuals, and the service providers who emailed and called me last week about thousands of clients.

In failing to process applications and redeterminations timely, DSS puts people's shelter, food security, and health at risk. Although the number of people affected by DSS's failure is unacceptably and shamefully high, this is not about numbers, it's about people.

Everyone must now call DSS's 1-800 line with any question, change, or issue. One of the problems experienced by DSS clients and service providers is very long hold times for this call line. Here are some of the comments sent to me this week: "my 90 year old mom spent all day waiting on hold and when she finally got through, was transferred to a Spanish speaking rep, and was disconnected;" "one week I called every day and stayed on hold for one to three hours, sometimes my phone just died and I got booted out of the queue;" "this line is useless;" "I and many of my clients have spent numerous hours waiting on the DSS phone line;" "I have spent over four hours on hold."

Another common problem experienced by clients and service providers is DSS's failure to timely process submitted documents. People send in their application, redetermination, and supporting documents but because the Department is not processing those documents timely, people are sent termination notices and/or are actually terminated from benefits. This triggers phone calls to the call line, visits to the DSS offices, panic on behalf of clients, and in some cases causes people to go without food and medical care and puts their shelter at risk. These families have done what the Department asked of them and still they are without the services they rely on day to day.

Some of the comments sent to me this week about this issues: "every application I send to DSS has had a processing delay;" "I am truly concerned for those that don't have a big agency advocating for them the way our individuals do;" "when I finally got through on the phone, they said all of her papers were in they just hadn't been reviewed yet and she never should have received that (termination) letter;" "I have cerebral palsy and can't get to the office, I've been getting benefits all my life, this time I got a termination letter even though I mailed in my paperwork just like usual, and when I called I waited 90 minutes, then 60 minutes, I still don't know if I have my medical and SNAP;" "I now send everything certified mail."

In addition to the changes proposed in SB 251, other solutions proposed by service providers and clients, solutions that can, and should, be implemented today, include:

- Add enough staff to the 1-800 line so that all calls are answered quickly.
- Automatically continue benefits instead of automatically terminating them. This is particularly important for medical benefits and QMB payments. When DSS does process these redeterminations, \$200+ per month is taken from the social security checks of our elderly residents, sometime several hundred dollars are taken out at once to collect for overpayments.
- Stop automatically sending out termination notices. Even if benefits are never actually terminated, getting these notices is unsettling and causes people to call and visit DSS and social service providers, needlessly clogging up phone lines, offices, and inboxes.
- Have a phone line and email designated for the providers that so many of our neighbors, particularly our elderly or disabled neighbors, depend on for help with benefits.
- Let people submit applications and redeterminations electronically.
- Let people change their address and apply for replacement EBT cards by email or by leaving a voice message.
- Have a designated phone line for the SNAP interview and let people call when it is convenient for them. People spend hours on hold waiting to complete their phone interview for SNAP benefits.
- Let people submit redeterminations for multiple programs at one time. Currently if your SNAP is due in January and Medicaid in February, you must submit much the same supporting documentation two months apart.
- Let service providers get help with more than one client per call.

Thank you for your attention to this matter.

Emails sent to CABHN since last Thursday, February 27, 2014 about problems getting and keeping DSS benefits

Good afternoon, I was forwarded your email by a case manager for DDS. I am an attorney that works mostly with elderly, disabled or mentally ill individuals. Many of them are on Medicaid, so I thought I would share my experiences with regard to the horrific department known as DSS. I generally serve as either conservator or guardian for disabled people therefore I quite often have to deal with the DSS and the inefficient means by which they work.

Most recently, I have spent over 4 hours on 2 separate phone calls to the "Client Info Line" and still have not been able to wait long enough to get an actual live person. On 2/20/2014 I was on hold from 2:30PM until I gave up at almost 4:45PM just to order a new SNAP card because as conservator I cannot do that through 211 or through the number on the back of the card. I still have not resolved this issue, as I waited on hold again on 02/21 for almost an hour before I had to head out to an appointment, and then again on 2/25 for almost 2 hours before I again had to leave for an appointment. Since I am paid through probate administration to handle these cases, it will cost the state for me to sit on hold, but there is no other alternative (unless I drive to the local office which is an hour and a half roundtrip, not counting the time to wait for a worker, and the state will not pay me travel time so I generally will not do that). This is a common occurrence. Luckily since I have office time where I can put the phone on speaker and work on other things it is not a big issue but how can a recipient wait on hold for that long? Especially since many have the safelink phones with only 250 minutes each month?

The most common issue I also run into is lost paperwork, so I have begun sending EVERYTHING via priority mail with a tracking number. Funny how if I don't send it that way it gets lost almost every time, however when I use that method, it always gets delivered to the scan center rather quickly. However, even after it is delivered, within plenty of time of deadline for benefits, I inevitably still receive termination notices for failure to return documents and I have to call the DSS Client Info Line, wait on hold for 3 hours for the worker to look at the computer and say "Oh yes it was received 3 weeks ago, it just has not been reviewed yet" for which he or she clicks something in the computer and amazingly all is well and benefits are restored. This has happened to me at least 5 or 6 times in the past few months.

The new computer system of being able to set up an online account to see benefits and paperwork received will be great one day, but right now, it simply says document received but doesn't say when or what it is etc., so if you are sending in multiple items there is no way to know what was received. In addition, just because it is updated as received, more often than not no one has reviewed it and doesn't until you call the DSS Client Info Line.

I recently had the experience of working with a client who relocated to Florida. Their system needs work but it is so much better. You apply online, you upload documents in PDF form, they review them within 72 hours, and then if anything else is needed you get a generic email, but at least it is fast and there is communication.

The biggest hardship this causes is loss of benefits. Especially SNAP benefits. 3 times in the past year and a half one of my clients has lost SNAP benefits for failure to return documentation when in reality it was sent in and sent in early enough to have been processed well before the termination date. When a person is on very limited income, it's hard to come up with \$200 for food because they didn't get their benefits. Sure, as soon as you get through on the phone, the benefits are restored within 24 to 48 hours, but I know I would not like to not eat for 2 days waiting for the DSS to fix something they broke in the first place.

I apologize if I am rambling but as I said, I work with many disabled, disadvantaged and elderly people. Our most vulnerable, and I am passionate about it and it really makes me angry when the DSS can't get their act together to fix this system.

I hope this helps and if you need more specifics about my clients such as dates, names, times etc., please let me know.

-Michele

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Got a client who aged out of DCF IN Aug. Applied for adult TXIX at that time. He is still waiting for this to be processed.

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To Whom It May Concern:

I have had numerous clients come in with paperwork (often duplicates) stating that DSS had not received their paperwork on time and they would be discontinued from receiving services. I have instructed my clients to photocopy everything they send, so that they have proof of what they sent and when. This is not right for any of them, but especially my elderly clients as they don't understand this and have a difficult time navigating what to do next. This situation has created a lot of anxiety, fear and anger. I have resorted to calling all the numbers I have access to and getting DSS employees in other departments to help me as best they can. As you know there can be a waiting time of up to 1 ½ to 2 hrs. on the phone to speak with a worker, IF you get through at all.

I have waited 1 ½ hrs., only to be disconnected. Something must be done about this as soon as is humanly possible, as I know many municipal employees such as myself can get little done otherwise. Thank you.

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I think it is a great idea to allow our customers to submit documents anyway they can. During the transition I have seen many of my customers become overwhelmed and confused because they submitted all their required documents and were informed that documents were not received resulting in a delay of benefits. I myself have tried to speak to someone at DSS benefit line and had to wait an hour! My customer and I waited on hold an hour because she had been pending for over 2 months. Once we did speak to someone she was unable to help because she could not reach a supervisor at the DSS office.

We can not make it so difficult for our customers to speak to someone at DSS or send in their documents. It has changed the quality of customer service and the amount of time for benefits to be granted.

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J. S. turned 21 and aged out of DCF a year ago at which time CRI applied to be his rep payee. One year later this still has not been completed and neither CRI or J. have been getting their due share of his entitlements. Has caused excessive behavior problems with J. including refusing to go to his day programs.

Hi Nancy,

Kristen Reardon asked us to forward you some of our DSS (not very positive) clients experiences.

- 1) A very low income 70 yr. old lady received a discontinuation notice of her medical benefits stating she had not sent in the redetermination form. Meanwhile, she had sent the form in and even had a delivery confirmation. She spent the weekend crying. She called us Monday morning and we called DSS (and got through), they said all of her papers were in, they don't know why she received that letter and her benefits were in place.
- 2) We applied for QMB for a 61 yr old, disabled, very low income woman, in the midst of foreclosure. She had managed Medicare and was paying OUTRAGEOUS co-pays for her

numerous medications, which Darien Human Services paid for on numerous occasions, while waiting for to be enrolled. On 10/16/13 we mailed the application, she did not receive any contact from DSS. After numerous professionals involvement, she finally received her QMB on 12/28/13.

There are certainly plenty more examples, but these were 2 of the glaring ones that came to mind.

We would also like to recommend that DSS go back to the regional offices processing the applications and that they use the CL&P model and have an unpublished, dedicated, manned telephone line specifically for Town and Cities Social Services professionals. This will eliminate a lot of client calls and visits to DSS and the issues can be resolved more quickly.

Have a good weekend!

Ali

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my son sent his food stamp paperwork in, and was told to call for a phone appt. After calling, an automated answering machine said the wait would be 20 minutes. He waited a half hour, than another automated voice came on, and said the wait was still 20 minutes...fix the phones, or get more employees....don't need the stress over the phones, when even the automated messages lie.

Hi Nancy,
Previously I had forwarded my experiences along to someone in CLASS- enclosed is the email I forwarded.

I am a CLASS member and wanted to take a moment to pass along my experiences with DSS. Currently I have 5 outstanding cases that have issues with DSS. Since the end of October 2013, I have had 26 separate client issues either re-determinations not being processed in a timely manner - several of which have either resulted in a loss of food stamps benefit or an even bigger loss in their social security checks. It seems as if ever application I have sent up to DSS has had some sort of processing delay. Nothing has gone through in a timely manner.

When the MSP applications are not processed in a timely manner it has HUGE repercussions for my clients. Social Security retroactively takes the Medicare Part B premiums back from these clients in a lump sum reduction. This usually results in a \$300 reduction in their checks. For a senior living on a fixed income, often this means they have to decide between paying their rent and their utilities verses medications and food. These clients then come to me for help paying their bills which then takes away from someone else.

This then takes up time on my end, typing up the issues and attempting to connect with DSS to fix the problems. I have had some success fixing issues with DSS reps and I have had some difficulties. On a few of the cases, I was told their applications were all set but yet the clients have received notices from SSA reducing their checks.

I am **EXTREMELY** frustrated with this system and my clients are beside themselves. These are older adults who either have issues hearing or are not mentally able to either wait on hold for 2 hours for a rep to answer the phone or physically able to get up to a DSS office to try to attempt to resolve their issue. An issue that is no fault of their own- they have sent their paperwork back in a timely manner- I keep copies to prove it.

Some suggestions

1. Set up DSS similar to one of the community action agencies for energy assistance(they are not perfect but at least they appreciate us)- work WITH the community advocates like CLASS- train us on exactly how you want the paperwork sent and what to send.
2. Have a social agency hotline set up- similar to CL&P- where only authorized reps with a special code can get through to DSS workers faster.
3. Have designated DSS workers assigned as liaisons for social agencies to connect with.
4. The idea of CONNECT is great- put in the date received and the date the paperwork was processed so users know the paperwork being processed is what they have sent not old paperwork.
5. Where it lists the benefits- list the end dates
6. Streamline applications so if a re-de for SNAP is due in Jan. and a re-de for MSP is due in Feb.- DO ONE APPLICATION!!!!
7. PROCESS PAPERWORK IN A TIMELY MANNER
8. If there is an application delay for MSP find out a way to pause the deduction from SS is application has already been received.

In closing, I realize I have written a lot, I need to compliment the DSS staff. When I am finally able to connect with a representative they have all been extremely helpful, friendly, and understanding.

Thanks for listening,
Heather Castrilli

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Hi Nancy-I think it's a great idea that DSS should time/date stamp all new applications and redeterminations and supporting documentation. I also think DSS should establish a provider phone line that has an assigned worker to answer all provider calls. After all, most of the social workers in the field

are doing DSS work but are not getting paid for it! If they could have a provider phone line (or two) are questions would be answered very quickly, are clients would be happier and the providers would have more time addressing other non-DSS issues. In addition, it would make the DSS process so much easier for them, for the clients and for the providers. It's a win, win, win situation all around.

Thanks and Regards,
Mrs. Alexis R. Aberle, BSW
Resident Services Coordinator
East Hartford Housing Authority

As far as DDS individuals I am aware that several people despite sending items in having them stamped or sending via certified letter have gone to procure medication and told they are not on Title XIX leaving people very clearly in the lurch...also just met with an individual this week that has had support staff submit documents three time and still told his Title XIX and benefits are not viable.

Just as an FYI I have a neighbor who had an unusual cancer and no insurance though he finally was placed on Title XIX after turning over his 401k proceeds, it was relayed that he had dropped of redetermination to DSS in Middletown (with a stamp) in a timely manner. He had to go back to Yale for more treatment and Yale contacted him one day before next round of treatment stating he did not have the coverage. His friend drove up John to Middletown, and when he arrived and showed the stamped receipt of his paperwork, was told his case was transferred to New Haven and had no knowledge as to why the case and benefits were not continued. If a case worker was not walking by and took pity on the situation and did an immediate review this man would not have had the coverage in place, nor received treatment.

Issues that have we as DDS as overseers can slowly work the process through OR have emergency steps in place to help assist our covered individuals. If a person has few services from DDS though (and for example a parent is muddling through the system and sending off paperwork) the procedure can implode, not that the parent is not doing what is needed (or the individual for that matter) and may not have the time patience, or ability to route around the system to get services re-established, though it was not their 'fault' in the first place.

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Good Morning,

My name is Chris Singleton and I work for Oak Hill. I have been employed with Oak Hill since 1989. I have been providing redeterminations to DSS for many years. The individuals we provide care for, in many instances, cannot advocate for themselves nor do they have guardians in which to assist with the redeterminations.

I have never experienced such frustrating, inept use of a governmental agency as DSS has become. Four of six redeterminations, for the participants that reside in the home in which I manage, had redeterminations that were where to be discontinued. All were due to the DSS claim that I never sent them in by the due date. This is completely untrue. I have always kept copies of the paperwork and send them in the day I receive them.

In each instance I attempted to reach someone a case worker by phone and waited for many hours never reaching an actual person. In one case I waited on hold for 48 minutes and the recording kept repeating my wait time was 20 minutes. In yet another I was transferred to someone in Stamford (a recording) to assist with individuals residing in Lebanon.

I have had to go to several DSS offices to ensure our folks did not lose their benefits. On 1/27/14, I spent the better part of my day at the DSS office in Norwich, CT. I first explained my situation to a receptionist that I had two individuals about to be discontinued and I need to meet with a case worker. Once I finally met with the case worker, I was told I could not combine the two individuals into one visit. At the same visit I met with a supervisor who told me that from now on I was to go to Willimantic or New Britain for long term care participants. This information was never communicated to me.

The latest is a request to have a completed form W-298 completed for each individual. This form authorizes me or other supervisors to act on behalf of the participants and complete the redetermination form on their behalf. As stated earlier many of our folks do not have the capacity to read, write and understand this process. When told of this I asked how the process would move forward for people who haven't guardians. I was told that their benefits would cease and the process of finding a court appointed power of attorney would begin.

Respectfully, Chris Singleton

Hi Nancy,

Being able to fax, mail or do applications on line would be great. Many of my clients are not computer literate, do not have a computer and/or are not comfortable putting their private information into a computer.

On a separate issue, I have a client who is on social security and has been receiving medicaid Part B from the state. On 2-24-2014 she received notice from the state she no longer qualifies and the premiums would be

deducted from her SS check. Because we are going into March they are deducting January and February from the March check.

She was told her SS for 2014 would be \$1677 They are taking everything out of her March check leaving her \$1362.20 for the month. Besides the fact that I do not believe she no longer qualifies for the medicaid, why would the state take all of the \$ out of a senior citizens check in one shot. If they are backlogged and had not been able to process her medicaid in time they should be able to break this up into multiple deductions over a few months rather than penalizing her and jeopardizing her ability to pay for heat, food, medications etc.

If you have any help or suggestions for this client I would greatly appreciate it. Please let me know if you would like more info!

*Thank you for what you are doing! Karen
Karen Gaudian
Municipal Agent for the Elderly
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I just want to tell you the experience my client and I had at the DSS Office. My client ask me for transportation and to help her to received Benefits for Food Stamps. While we were waiting her # was called and we both stood up and went to the window. I identify myself and I told the DSS worker that I was there with my client and she only speak Spanish. The DSS worker immediately told me who was applying for benefits, I told the DSS worker that my client was the one trying to obtain Food stamps. Soon after I said that. The DSS worker said to me in a very unprofessional way "Okay she can stay here, you need to have a sit". Soon after my client finish the questions with the DDS Officer. My client sat back with me and said "the worker was very rude to you". I just want to tell my story so someone can tell a director that training is need it to improve approach and Kindness to Families

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Good Morning,

I wanted to share a quick story about an individual I used to serve...I used to work with an individual that was on the Autism spectrum. Each time he was required, he would submit his DSS redetermination paperwork weeks before it was due. It would be brought to the office directly. Yet, he would ALWAYS get a discontinuation letter. He lived on his own and suffered from a great deal of anxiety when he would receive these letters. He would not be able to sleep for multiple nights, while the matter was being sorted out. Sometimes, his benefits would be discontinued. The havoc that this caused, for

someone who suffers from anxiety and relies on several medications daily, is unimaginable. There HAS to be a better system!

Thank You,
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Hello,

This is an issue I shared with you before and this month, it just continues to get worse for this poor woman! I have to say that my contacts at DSS have been very helpful with fixing problems, but the issue is that the problems are not going away!

Naomi has cancer. She has had QMB for years. She is very good about completing her forms on time, and had her redet completed in March. She applied for SNAP in July. In September she received a huge bill from the hospital and a letter from social security that the state was no longer paying her B premiums. No one could figure out why this happened! Even though it was straightened out, Naomi still had two months with \$208 less in her social security check and was very upset and worried that she was going to be responsible for the medical bills. A few weeks ago her daughter called me. Naomi was scheduled for surgery, but the hospital said she would be responsible for the deductible. For some reason, she had once again been dropped from QMB! DSS immediately reinstated her BUT she still got the very upsetting letter from social security that her next check would be short \$208 because the state had once again stopped paying her B premiums! So, even though she will eventually get her money back, she is not going to have enough money next month to pay her bills. She has lost sleep over this and has spent too much time worrying about this instead of focusing on getting well. I will send more- I have a lot of stories of SNAP issues which I can send you.

Abigail Egan
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My client is a disabled senior who was on QMB. She receives just over \$900 monthly from SSD. DSS lost her reD, we re-submitted it, and they lost that too. She has been discontinued from QMB, losing her benefits, decreasing her monthly income, and they are charging her to pay back what they paid for the past two months. Can't get through to anyone to fix it!

Kristen Reardon, MSW

Hi Nancy,

I just wanted to say that I do like the idea of taking the documents anyway they can get them and date stamping them! I have no idea how it is done there but from my experience it seems completely disorganized. I really like the new online system and I think that's really helpful for some but as we know there are MANY of our clients that are not computer savvy. I and many of my clients have spent numerous hours (really I timed it once I spent 2 hours) waiting on the DSS benefit Issues line. This line is useless! I think client's having workers (who they really can call and speak to and will call them back) would be the best approach. The automated system does not do enough to reassure many of the clients that they have received their paperwork and that their benefits are all set. It is taking entirely too long to find out if they have received the benefits and there is no way to check on whether they received the needed documentation. As you know many of our clients are not only very in need of the resources in a timely manner but also may suffer from mental illness and numerous stressors making DSS that much more complicated and frustrating to navigate.

I am unfamiliar with their system but it seems like they are desperately in need of a new one!

Robynne Quinn, MSW

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Hi there,

I thought I'd share my experience with DSS and an idea that I think should at least be floating around in the conversation here.

I'm an Americorps VISTA and signed up for Husky D in October. The times I've had to call for information or forms, I've had hour long or longer waits. I know, that's what happens to everybody. One week I called every day, stayed on hold for one to three hours, and sometimes my phone just died and I got booted out of the queue.

Since you put your case number in at the beginning of the call, the system should mark your place in the queue based on your case number, and if you get disconnected, you should be able to get back you your place in the queue. Obviously a lot of people are working or have limited minutes on their phone and it's downright awful to get disconnected and have to start over again!

Please do not include my name in the testimony, as Americorps VISTAs are forbidden from submitting commentary in public forums like this, but if you think this idea is worthwhile, please feel free to share it!

Thank you!

I am conservator for around 27 people, plus attorney for conserved people so I have definitely had my share of dealing with DSS. I also assist older adults get onto Medicaid for nursing home care and that is whole other nightmare!

The connect online system is very tedious to set up for many people. For me it's not so bad but that's because my level of ability. I can't imagine a mentally challenged person trying to get through it.

Even if the phone system was staffed so as to not have to wait hours to get through, and even have a special line for people like myself with a quick issue, or email or something other than waiting on hold for hours would be an improvement.

Another fix would be to change the system from automatically terminating benefits when paperwork is purportedly not received, to have those files have a group that reviews potential terminations since all they have to do is look in the scan system and see that they are actually there just not reviewed. Then that file can be pushed along. Or maybe even some sort of switch that as soon as a doc is scanned a flag is added to the file so someone somewhere knows something has been received and the auto termination does not occur.

I will do some more brain storming in the morning and pass this along to my colleagues who also do this type of work.

Michele Ann Palulis, Esq.

Hello, I have been a case manager for 5 years and have worked very closely with families that relied on their benefits provided by DSS. To summarize, this is my take on what has happened:

- DSS send redetermination forms to be completed, they are completed and mailed in, the client is discontinued because they say they "never got them"
- I repeatedly told families that it is likely there is a box of unprocessed DSS applications/redeterminations stuffed under someone's desk because how do they lose almost every one I (and my families) have sent?
- The local news reports that many boxes of unprocessed/unopened applications/redeterminations are found stuffed away
- The public once had a DSS worker to contact and now have a phone number that is never answered for HOURS, and most of the time never at all
- We are talking about a population of people that often can't advocate for themselves and many who don't have someone to help them, so they lose out on medical, financial and much needed food because their paperwork is "lost".

- DSS has a plan to have all paperwork faxed to the DSS Scan Center in hopes to cut back on the lost paperwork, but after a short time had to stop this process altogether because "they couldn't keep up on the volume of paperwork". What gets me is why is there a big volume? There wasn't an overwhelming increase in clients. What this was is that NOW they must pay attention to EVERY document that comes in because those sending it FINALLY have proof that the documents were received. So what do they do? They shut down the scanning center and ask that they be mailed.
- Now clients are back to being discontinued when we know for a fact that paperwork has been sent to them, dropped off, and even sent certified! A recent story I will share: A friend (her son was an ex client on my case load) calls me and is upset because her son has been discontinued. He had 3 open heart surgeries and his immune system is compromised severely. The medications are over \$800 EACH! She has not one but TWO signed certified cards (costing them nearly \$20 each time) stating that they were received not only in New Britain office, but Hartford office. They can't get anyone on the phone, the mother (diagnosed with leukemia and having respiratory issues) begins having problems breathing she is so upset by this and scared her son is going to die! The father has to take time off from work, go to the DSS office and physical show the proof – and then they reinstate the son's benefits. This was proof that they did receive it, yet they dropped this poor young man and compromised his health and his mothers.
- In my office, since all the discontinuances, I have asked our secretary to fax every redetermination to the individual offices (according to the clients address) and at least we have proof it was received in that office so if they say it wasn't, they will (hopefully) retroactive the clients benefits to the day it was faxed. She also mails them as well. I went in person a few months back to the Willimantic office and was able to meet a worker face to face. I explained that the redetermination was sent on 3 specific dates and yet my client was still discontinued. Although this worker was very nice, she said "I'm sorry we never received it but will take this now and reinstate him effective today". He had been in the hospital during the time they dropped him having surgery. Fortunately for him, he had secondary insurance with his father – but many don't.
- My own daughter signed up my granddaughter for Husky and was given a temporary insurance card. She had paid (in advance) for the insurance of about \$300 a month. The baby had a respiratory issue which triggered my daughter to get the temporary card. When the bill came in, DSS stated the worker shouldn't have done that and the baby wasn't insured. This left a single mother with a \$3000 medical bill and even the ER accepted the temporary card. It was only when I suggested she take it to Channel 3 news, that DSS paid the bill within 48 hours. My daughter spent countless hours (and crying on the phone with me) trying to get this straightened out.

We received an email this week that 800 of our individuals lost their benefits in one month because DSS couldn't process the paperwork, many of which were sent notices discontinuing them causing much distress to their families. Imagine what it is like for our families that don't have services from us. The problem is that DSS has said paperwork was never received and it was and has been going somewhere. Maybe workers are overwhelmed or workers are throwing them out (example – my family that sent it certified 2X). What will work:

1. DSS not only should stamp in that the paperwork is received BUT they also should give the client a signed receipt stating the date, time and who stamped it in. They refuse to do this right now and when anyone asks the person's name at the front desks, they give call themselves "worker #58" (or whatever #)
2. All agencies and families should be able to scan, email and/or fax the applications directly to DSS

This gives the families and agencies proof that it was received by DSS and holds them responsible to making any reinstated benefits be retroactive to the date it was received. This will create a big issues (remember when I mentioned the Scanning Center?) because DSS will not be able to state documents were not received if the clients have proof that it was. This will force DSS to hire the proper amount of workers they need so they can sufficiently process all paperwork.

I apologize this is so lengthy but I have spent many MANY wasted hours on DSS issues because of fielding frantic calls from families, resending applications over and over, trying to reach workers, etc.

DDS Case Manager
860-456-6322

Several things will help:

- 1) Redetermination and PRFs that can be submitted electronically!
- 2) Allow municipal social service providers some access (similar to the way Northeast Utilities allows us limited access to do see a client's account) without the client having to set up a my account. While the my accounts are valuable, it is VERY challenging to set one up with someone with limited English and persons with developmental/cognitive disabilities- I usually just have to answer the questions as myself!
- 3) Allow clients to electronically input change of address forms since that is ALWAYS an issue. People move, or are transient and even if they do give DSS their new address, it never gets processed and then they miss their redets.
- 4) Be more clear about the difference between the IVR pin number and your EBT card pin number- This has been a major source of confusion especially for older folks.
- 5) One thing that needs to happen immediately is improving the phone interview procedure. Clients cannot afford to waste their minutes being on hold for hours, just to get disconnected. Something has got to change with that ASAP.

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Good afternoon:

I just wanted to let you know that I'm an ABO (Access Benefits online) counselor and screen people for DSS benefits and mail the application to the scanning office in Manchester and there are clients that I have screened since October 2013 and still have not received an answer and or letter from DSS stating approval, denial and re-determination. Clients call me afterwards thinking I have not done my job by mailing the application. So lately what I have been doing I will give a copy to the client and if within a month they have not received any letter, I

recommend them to go personally to the Middletown or New Haven DSS office with the copy that I provided them with. It's my opinion that the Manchester Scanning office is not scanning the paperwork on time and this is delaying the whole process and clients are the one suffering the consequences of being cut from their benefits when they have done everything on time. If you have any further questions, feel free to call me at the phone numbers listed and/or email.

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The last one I remember was a Spanish speaking woman with a good command of English, about two weeks ago who told me she was so desperate because she was not getting an answer no matter how often she called - she had given them an application and had a copy in her hands and they would not give her a reason. She went to their office in person and showed them the application and they told her that indeed they had her application but could not tell her anything else. I was at a loss - did not know what to do - I sent her to SLS.

The other two persons I spoke to before don't remember exactly why they were not giving them an answer although they had filled out applications - they would not even tell them if they had their application - they were desperate and wanted to know if they should file new applications although - they were told nothing and that was worse than knowing they had their applications somewhere.

*Cris Kot
Greater Hartford Legal Aid, Inc.
860-541-5035*

He gave me permission to share this with you.

He is helping out his 90 year old mom who only speaks Spanish. He spent all day waiting on the phone when he called 1-855 connect - finally got a person - who transferred him to a machine - that disconnected him.

His name is Pedro Diaz. He can be reached at (860) 225-6927. He's more than happy to talk and share his story. He wants something to change, whether that takes a day, week or year (his words)

Thanks, Kathy